

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213535426</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Cambridge Systematics, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2013</b></p> <p>SCC ID NO: <b>F1679713</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>600,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	600,000
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COMMON	600,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 100 CAMBRIDGEPARK DR SUITE 400</p> <p style="text-align: center;">CITY/ST/ZIP: CAMBRIDGE, MA 02140</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRADFORD W WRIGHT  TITLE: PRESIDENT  ADDRESS: 100 CAMBRIDGEPARK DRIVE  SUITE 400  CITY/ST/ZIP/CO: CAMBRIDGE, MA 02140 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRADFORD W WRIGHT TITLE: PRESIDENT ADDRESS: 100 CAMBRIDGEPARK DRIVE SUITE 400 CITY/ST/ZIP/CO: CAMBRIDGE, MA 02140	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMIL FRANKEL DIRECTOR 1620 22ND ST, NW WASHINGTON, DC 20008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A KASAMEYER DIRECTOR 103 N MAIN ST COHASSET, MA 02025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANCE A NEUMANN DIRECTOR 100 CAMBRIDGE PARK DR SUITE 400 CAMBRIDGE, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN E STEIN DIRECTOR 8 HILLS AVENUE CONCORD, NH 03301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PRAVIN VARAIYA DIRECTOR 253 CORY HALL BERKELEY, CA 94720-1770	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CANDACE S MACOMBER TOBIN	CANDACE S MACOMBER TOBIN, CFO/TREASURER	7/30/2013 DATE	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			